FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am **DOCUMENT # N18854 Secretary of State** 1. Entity Name 02-13-2002 90245 003 ****69.95 THE NEW TESTAMENT CHURCH OF GOD U.S.A., INC. Principal Place of Business Mailing Address 1111 FAIRFIELD DR 1111 FAIRFIELD MAGNOLIA PARK FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Above SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number ✓ Applied For 59-2770103 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PALMER, REV. ALZONO 44104 TEMPLE ST. (i) PALM BEACH FL 33407 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida e ka 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PALMER: ALONZO NAME NAME STRÉÉT ADDRESS 4104 TEMPLE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL ٧D TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALCOLM, JAMES NAME NAME STREET ADDRESS 711 SILVER BEACH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL TITLE- ----☐ Change ☐ Addition TITLE ☐ Delete PALMER, DELORES C. NAME NAME 4104 TEMPLE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition FRANCE, ILMA NAME NAME STREET ADDRESS 150 37TH STREET STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition WISDOM, HENRY NAME NAME STREET ADDRESS 11543 OLEANDER DRIVE STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(A) Balewer ROURED

1/23/02

541-881-9095